

TENNESSEE HIGHWAY PATROL  
**D.A.R.E. Training Center**  
Application for D.A.R.E. SENIOR HIGH TRAINING

**PARTICIPANT**

Last Name:		First:	M.I.	Rank/Title:
Social Security Number:		Sex:		DOB:
Home Address:			E-mail:	
City:	State:	Zip:	Home Phone:	

**AGENCY INFORMATION**

Agency Name:			
Agency Head:			Title:
Agency Address:			
City:	State:	Zip:	Agency Phone:

**PERSONAL INFORMATION**

In case of emergency, contact:	
Emergency telephone number:	Blood Type:
Do you have any significant health problems?	
Your name as you wish it to appear on your name tag:	
Your name as you wish it to appear on your certificate:	
Do you prefer a smoking or non-smoking room?	

**CERTIFICATION**

Date of certification as a D.A.R.E. officer:		
Certifying Agency:		
Location of Training:		
Number of semesters teaching D.A.R.E.:		
Number of core classes taught:		
Observation of Senior High Class (9th or 10th):	Where: _____	When: _____
Verified by School Principal: _____		

**AUTHORIZATION**

Participant's Signature:	Date:
Agency Head's Signature:	

**Mail To:**

T.H.P. D.A.R.E. Training Center  
275 Stewarts Ferry Pike  
Nashville, Tennessee 37214  
Phone 615.741.3073  
Fax: 615.532.3606